

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9310

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2793

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days
In this community 60 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Leassner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MARGARET LEASSNER 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased NOV 23 1860
(Month) (Day) (Year)8. AGE: Years 79 Months 4 Days 0 If less than one day hr. _____ min. _____9. Birthplace GERMANY
(City, town, or county) (State or foreign country)10. Usual occupation BREWERY FIREMAN11. Industry or business RETIRED12. Name UNKNOWN13. Birthplace GERMANY
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace GERMANY
(City, town, or county) (State or foreign country)16. (a) Informant MARGARET LEASSNER(b) Address 2843 GRAVOIS AVE17. (a) BURIAL (b) Date thereof MAR 27
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ST. MATTHEWS18. (a) Signature of funeral director John Matthews(b) Address 2843 Gravois Ave19. (a) MAR 26 1940 (b) J. P. Budich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS MO 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2843 GRAVOIS
(If rural, give location)
(e) If foreign born, how long in U. S. A. 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23,
year 1940 hour 5:50 minute P. M.21. I hereby certify that I attended the deceased from March
9, 19 40 to March 23, 19 40
that I last saw him alive on March 23, 19 40
and that death occurred on the date and hour stated above.Immediate cause of death: Chronic myocarditis
with acute decompensation Duration 2 daysDue to Senility
Due to _____Other conditions Benign Hypertrophy of Prostate yr.
(Include pregnancy within 3 months of death)Major findings: Of operations Benign Hypertrophy of Prostate
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. P. Budich (M. D. or other) 3/25/40
Address 1515 Lafayette Date signed 3/25/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thorpe

....., Registered Apprentice No.

working under my personal supervision.

Signed

Thorpe

Licensed Embalmer No. *1619*

P. O. Address *2906 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.